

Manassas Presbyterian Church
Early Learning Center
8201 Ashton Ave
Manassas, VA 20109
703-369-5880
elc@mpc-va.org



2025 – 2026 ENROLLMENT FORM

Child's Name (Last, First, Middle) _____ Date of Birth: _____

Age as of September 30, 2025: _____ years _____ months

Sex: ☐ Male ☐ Female

Name you would like us to call your child and use in the classroom: _____

Parent/Guardian(s):

Mr/Mrs/Ms: _____ Relationship to Student: _____

Home Address: _____

City: _____ Zip: _____

Best phone # to call during school hours: : _____ Secondary Phone: _____

E-mail: _____

Place of Employment: _____

Language(s) spoken: _____

Mr/Mrs/Ms: _____ Relationship to Student: _____

Home Address: _____

City: _____ Zip: _____

Best phone # to call during school hours: : _____ Secondary Phone: _____

E-mail: _____

Place of Employment: _____

Language(s) spoken: _____

Siblings (please list names and ages): _____

ALLERGIES: ☐ YES ☐ NO If YES, please list allergies: _____

Please circle if emergency medication will be kept at school: EpiPen Auvi-q Inhaler Benadryl Other _____
(ELC Allergy Action medical form must be on file prior to the start of preschool)

Please list any FOOD RESTRICTIONS: _____

Child's Name:

Has your child ever been evaluated for services through Child Find or privately? ☐ YES ☐ NO

If YES, were they found eligible? ☐ YES ☐ NO If Yes, please list Resource Teacher's name: _____

If YES, a **copy of their IEP/IFSP is required** for our staff to best meet your child's needs. IEP Attached: ☐ YES ☐ NO

Any other specialist or therapist working with your child: _____

Other special conditions of which we should be aware: _____

Please comment on any special needs, special requests or personality traits of your child that may be helpful for class placement:

Please list any previous preschools or daycare centers attended: _____

EMERGENCY CONTACT/PICK-UP AUTHORIZATION (If Parent/Guardian cannot be reached)

List the names of **at least 2 Non-Guardian Adults** who could be called in an emergency and are authorized to pick-up your child.

Name: _____ Relationship to child: _____ Primary phone #: _____ Secondary phone #: _____
Name: _____ Relationship to child: _____ Primary phone #: _____ Secondary phone #: _____
Name: _____ Relationship to child: _____ Primary phone #: _____ Secondary phone #: _____
Name: _____ Relationship to child: _____ Primary phone #: _____ Secondary phone #: _____

Person(s) specifically NOT permitted to pick-up your child: _____

PHOTOGRAPHY PERMISSION

I give ELC permission to place photos of my child participating in preschool activities (names will never be used):

- on the ELC WEBSITE and FACEBOOK PAGE. ☐ YES ☐ NO
 - in ELC Newsletters and school slideshows. ☐ YES ☐ NO
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PERMISSION FOR EMERGENCY CARE

I, _____, hereby give permission that my child, _____, may be given emergency treatment, to include first aid and CPR by the staff of MPC ELC. I further authorize and consent to medical and/or hospital care for my child by a licensed physician when deemed necessary to safeguard my child's health if I cannot be contacted. In such cases, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize MPC ELC to take my child to a hospital, and I agree that I will pay all physicians and hospital bills, and MPC ELC will not be responsible for them.

Signature of Parent/Guardian _____ Date: _____

The following policies are the parents' agreement with MPC ELC:

1. The information entered on my child's enrollment form is truthful and accurate. ELC will be provided with any changes to this information in a timely manner.
2. MPC ELC will be provided with the following records prior to my child's first day of school:
 - ◊ Birth Certificate or Passport (Copy is acceptable)
 - ◊ Virginia State Health Form completed by Physician including Immunization record
 - ◊ Allergy Medical Form, if applicable
 - ◊ Any additional Legal Documentation pertaining to your child
 - ◊ **IEP and IFSP Requirements:** Children with an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) must provide a copy of this documentation to the Director **prior to the start of the school year** so that we can ensure we can meet their needs.
3. An Advanced Tuition Payment is due by August 15th, 2025 and covers the month of May 2026. The Advanced Tuition payment is not refundable. If the Advanced Tuition Payment is not paid by August 15th, I understand that my child's spot will be forfeited. **If a student enrolls after September, the first and last months' tuition payments are required at time of registration.**
4. Monthly tuition is based on a yearly tuition amount and not the number of days of school per month. Therefore, I agree to make 9 equal monthly installments (August-April) by the 1st of each month in which the installment is due. A late fee of \$25 will be added to your account each month a payment is not received by the 7th of the month. If you wish to pay a year's tuition in one lump sum, you will be given a discount of 5%. **This discount only applies to annual payments made by August 15th 2025.**
5. The Supply Fee is due with the Advanced Tuition Payment.
6. If you withdraw part way through the school year for any reason other than job relocation or military reassignment, your Advanced Tuition payment will not be returned.
7. If you withdraw part way through the school year due to job relocation or military reassignment **AND we receive 30 days' notice in writing**, your May tuition payment may be applied towards your last month's tuition. If 30 days' notice is not given, then the May tuition payment will not be refunded. If your last day occurs in the middle of a month, your May tuition payment may be applied to your last month, however, it will not be prorated and no refund will be given.
8. I agree to read and abide by the MPC ELC Parent Handbook
9. I understand that my child must be picked up no later than 12:25pm/2:00pm (extended day). If my child is picked up late, I understand there will be a \$15 fee for every 15 minutes late.
10. MPC ELC reserves the right to remove a child from this program for any of the following reasons:
 - Failure to pay tuition without notifying the Director.
 - Repeatedly bringing a sick child to school.
 - Repeatedly bringing a snack that is not peanut-free.
 - Continuously picking up a child late.
 - When a child's behavior cannot be managed in the classroom and/or the child's behavior becomes a danger to other children.
 - Failure to supply ELC with Physician's signed Health Form and Birth Certificate.
 - When my child is not potty trained/independent in the bathroom (Not applicable to PMO)

I have read the policies stated above and agree to abide by them.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian email: _____
(Please print clearly to ensure you receive email announcements and communication from the office and teachers.)

Child's Name: _____

How did you learn about the Early Learning Center? _____